



INSTRUCTIONS FOR COMPLETING  
**THE NEW CAR LEMON LAW**  
REQUEST FOR ARBITRATION FORM

To participate in the New York State New Car Lemon Law Arbitration Program, you must complete this form. Please be as accurate and complete as possible. You may send this form electronically or by regular mail. Sign and return the completed form to:

**Email: [NYAG.LemonLaw@ag.ny.gov](mailto:NYAG.LemonLaw@ag.ny.gov)**

***(To expedite the handling of your request please email this form to us.)***

You may also mail it to:

New York State Attorney General's Office

28 Liberty Street, 15<sup>th</sup> Floor

New York, NY 10005

Attention: LEMON LAW ARBITRATION UNIT

The Attorney General's Office will review your form and advise you whether your claim is accepted into the arbitration program. If the form is accepted, you will be notified by the Attorney General's Office which will then forward your form to the **New York State Dispute Resolution Association (NYSdra)**, the Program Administrator. NYSDRA will then ask you to send it the required \$250 filing fee and any supporting documents you may have. Upon receipt of the filing fee, NYSDRA will begin processing your claim. If your form is rejected by the Attorney General's Office, it will be returned to you with a statement indicating the reason for its rejection.

**DO NOT SEND THE FILING FEE OR ANY SUPPORTING DOCUMENTS  
YOU MAY HAVE UNTIL NYSDRA ASKS YOU TO DO SO.**

Please remember to sign and date the form. **Failure to complete any question may result in a rejection of the form.**

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NOTICE: THE ARBITRATOR'S DECISION UNDER THIS PROGRAM IS BINDING ON BOTH PARTIES, SUBJECT TO A LIMITED RIGHT OF APPEAL TO COURT BY EITHER PARTY. YOU MAY WISH TO CONSULT AN ATTORNEY BEFORE PARTICIPATING IN THIS PROGRAM. PLEASE READ "NEW YORK'S NEW CAR LEMON LAW: A GUIDE FOR CONSUMERS" CAREFULLY BEFORE COMPLETING THIS FORM.

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**Office Use Only:**

Case No. \_\_\_\_\_  
Referred To NYSDRA \_\_\_\_\_  
Filing Date \_\_\_\_\_

**NEW YORK STATE ATTORNEY GENERAL'S OFFICE  
LETITIA JAMES, ATTORNEY GENERAL**

**NEW YORK NEW CAR LEMON LAW ARBITRATION PROGRAM  
REQUEST FOR ARBITRATION FORM**

**CONSUMER INFORMATION**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Work (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_
- E-mail address: \_\_\_\_\_
- I prefer to send/receive communications by e-mail rather than be regular mail.

**VEHICLE INFORMATION**

2. Manufacturer: \_\_\_\_\_  
(e.g., GM, Ford, Chrysler, Toyota, Winnebago, etc.)
3. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
(e.g., Chevrolet, Dodge) (e.g., Cavalier, Caravan)
4. Vehicle Identification Number (VIN): \_\_\_\_\_
5. Date of delivery? \_\_\_\_\_ Mileage at delivery: \_\_\_\_\_ Current Mileage: \_\_\_\_\_
6. Did you purchase or lease your vehicle in New York? ..... Yes  No   
 I purchased my vehicle.  I leased my vehicle.
7. Is your vehicle registered in New York? ..... Yes  No
8. Is your vehicle primarily used for personal, family or household purposes? Yes  No
9. Do you still own or lease your vehicle? ..... Yes  No
10. Purchase Price: \$ \_\_\_\_\_

**DEALER INFORMATION**

11. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BANK OR FINANCING INSTITUTION (if financed):**

12. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LEASING COMPANY (if leased):**

13. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
Lease Acct #: \_\_\_\_\_

**VEHICLE'S PROBLEM(S)**

14. Briefly describe the problem for which you seek a refund or a replacement vehicle:

15. Does the problem(s) for which you seek relief substantially impair the value of the vehicle to you? ..... Yes  No

16. On what date and at what mileage did you **first** report this problem(s) to the dealer or manufacturer? Date: \_\_\_\_\_ Mileage: \_\_\_\_\_

17. Does the problem(s) involve a dealer installed option? ..... Yes  No   
Specify: \_\_\_\_\_

**BASIS FOR RELIEF SOUGHT: You must complete at least one of the following three questions (17, 18 or 19). If you have a Motor Home, you must also answer # 20.**

**18. Unsuccessful Repair Attempts**

- a. How many repair attempts for the **same** problem were made within the first 18,000 miles or 24 months, whichever is earlier? \_\_\_\_\_
- b. Give the date, mileage and work order number for each of the repair attempts by an authorized dealer for the **same** problem.

Problem 1 (Specify) \_\_\_\_\_

	<u>Date</u>	<u>Mileage</u>	<u>Work Order #</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

Problem 2 (Specify) \_\_\_\_\_

	<u>Date</u>	<u>Mileage</u>	<u>Work Order #</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

- c. Do you have copies of all relevant work orders? .....Yes  No   
 (If yes, and advised to do so, please send these directly to NYSDRA . Otherwise, once accepted into the Program, you may request copies from the manufacturer, with the arbitrator's approval, by writing to the Administrator pursuant to Regulation §300.9.)
- d. Did the problem continue to exist at the end of the fourth attempt?.....Yes  No

19. **Days in Shop for Repairs**

- a. How many days was the vehicle out of service due to repairs within the first 18,000 miles or 24 months, whichever is earlier? \_\_\_\_\_ days.
- b. List the dates, mileage, and repair order numbers for those repairs:

From: \_\_\_\_\_ To: \_\_\_\_\_ Days out: \_\_\_\_\_ Mileage: \_\_\_\_\_ Work Order # \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Days out: \_\_\_\_\_ Mileage: \_\_\_\_\_ Work Order # \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Days out: \_\_\_\_\_ Mileage: \_\_\_\_\_ Work Order # \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Days out: \_\_\_\_\_ Mileage: \_\_\_\_\_ Work Order # \_\_\_\_\_

- c. Do you have copies of all relevant work orders?.....Yes  No   
(If yes, and advised to do so, please send these directly to NYSDRA . Otherwise, once accepted into the Program, you may request copies from the manufacturer, with the arbitrator's approval, by writing to the Administrator pursuant to Regulation §300.9.)

20. **Refusal to Repair (Note: This question should only be completed if the dealer and the manufacturer refuse to commence repairs.)**

- a. Did you first notify the **dealer** of the problem for which you are seeking this arbitration? .....Yes  No
- b. If yes, what problem(s)? \_\_\_\_\_
- c. What was the date of notification to the dealer? \_\_\_\_\_
- d. Did the dealer refuse to inspect the vehicle and make whatever repairs were necessary within 7 days of receiving your initial notice of the problem? .....Yes  No
- e. If yes, did you notify the **manufacturer** by certified mail, return receipt requested, of such refusal? (Attach copy of notification with proof of mailing.) .....Yes  No
- f. Did the manufacturer fail to make repairs within 20 days of receiving your written notice of the dealer's refusal to repair? .....Yes  No

21. **If Your Complaint Involves a Motor Home:**

- a. Did the dealer or manufacturer provide you with a written copy of the special lemon law notification requirements? ..... Yes  No
- b. If yes, prior to this application for arbitration, did you notify the dealer or the manufacturer, by certified mail, return receipt requested, of a defect or condition that was subject to repair **3** times or that the motor home has been out of service by reason of repair for **21** days, whichever occurs first? (If yes, attach copy of the notification with proof of mailing.).....Yes  No

**HEARING LOCATION**

22. Please indicate where you want the arbitration hearing to be held:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Albany      | <input type="checkbox"/> Hempstead       | <input type="checkbox"/> Oneida           |
| <input type="checkbox"/> Amsterdam   | <input type="checkbox"/> Highland        | <input type="checkbox"/> Oneonta          |
| <input type="checkbox"/> Auburn      | <input type="checkbox"/> Hudson          | <input type="checkbox"/> Oswego           |
| <input type="checkbox"/> Batavia     | <input type="checkbox"/> Ilion           | <input type="checkbox"/> Penn Yan         |
| <input type="checkbox"/> Binghamton  | <input type="checkbox"/> Ithaca          | <input type="checkbox"/> Plattsburgh      |
| <input type="checkbox"/> Bronx       | <input type="checkbox"/> Jamaica         | <input type="checkbox"/> Poughkeepsie     |
| <input type="checkbox"/> Brooklyn    | <input type="checkbox"/> Jamestown       | <input type="checkbox"/> Rochester        |
| <input type="checkbox"/> Buffalo     | <input type="checkbox"/> Johnstown       | <input type="checkbox"/> Saratoga Springs |
| <input type="checkbox"/> Canandaigua | <input type="checkbox"/> Lake Placid     | <input type="checkbox"/> Schenectady      |
| <input type="checkbox"/> Carmel      | <input type="checkbox"/> Lower Manhattan | <input type="checkbox"/> Smithtown        |
| <input type="checkbox"/> Catskill    | <input type="checkbox"/> Lowville        | <input type="checkbox"/> Speculator       |
| <input type="checkbox"/> Cobleskill  | <input type="checkbox"/> Lyons           | <input type="checkbox"/> Staten Island    |
| <input type="checkbox"/> Corning     | <input type="checkbox"/> Malone          | <input type="checkbox"/> Syracuse         |
| <input type="checkbox"/> Cortland    | <input type="checkbox"/> Monticello      | <input type="checkbox"/> Troy             |
| <input type="checkbox"/> Delhi       | <input type="checkbox"/> Montour Falls   | <input type="checkbox"/> Upper Manhattan  |
| <input type="checkbox"/> Elmira      | <input type="checkbox"/> New City        | <input type="checkbox"/> Utica            |
| <input type="checkbox"/> Fort Edward | <input type="checkbox"/> Niagara Falls   | <input type="checkbox"/> Waterloo         |
| <input type="checkbox"/> Geneseo     | <input type="checkbox"/> Norwich         | <input type="checkbox"/> Watertown        |
| <input type="checkbox"/> Glens Falls | <input type="checkbox"/> Ogdensburg      | <input type="checkbox"/> Yonkers          |
| <input type="checkbox"/> Goshen      | <input type="checkbox"/> Olean           |   |

**TYPE OF HEARING AND RELIEF REQUESTED**

23.  Oral (In Person)  Documents only (if manufacturer agrees)
24. If successful, I wish to receive a:  
 full refund  comparable replacement vehicle

**PREVIOUS ARBITRATION**

25. A. Did you participate in any previous arbitration for the same problem(s) for which you now seek arbitration?..... Yes  No
- B. If yes, what was the name of the Program? \_\_\_\_\_
- C. Did you accept the decision of the arbitrator? ..... Yes  No
- D. Did the manufacturer comply with the decision?..... Yes  No
- E. Date of Decision: \_\_\_\_\_ (attach copy of decision)

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_